

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND																
1 Date of Request: <u>10/10/06</u>				2 Serial/Patent # <u>7,070,533</u>												
3 Please refund the following fee(s):				4 PAPER NUMBER		5 DATE FILED		6 AMOUNT								
<input type="checkbox"/> Filing								\$								
<input type="checkbox"/> Amendment								\$								
<input type="checkbox"/> Extension of Time								\$								
<input type="checkbox"/> Notice of Appeal/Appeal								\$								
<input checked="" type="checkbox"/> Petition 1462						07/20/06		\$ 270.00								
<input type="checkbox"/> Issue								\$								
<input type="checkbox"/> Cert of Correction/Terminal Disc.								\$								
<input type="checkbox"/> Maintenance								\$								
<input type="checkbox"/> Assignment								\$								
<input type="checkbox"/> Other								\$								
						7 TOTAL AMOUNT OF REFUND		\$ 270.00								
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						<input type="checkbox"/> Treasury Check										
10 REASON:						<input checked="" type="checkbox"/> Credit Deposit A/C #:										
<input checked="" type="checkbox"/> Overpayment						9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">5</td> <td style="width: 20px;">0</td> <td style="width: 20px;">--</td> <td style="width: 20px;">2</td> <td style="width: 20px;">2</td> <td style="width: 20px;">2</td> <td style="width: 20px;">2</td> </tr> </table>				5	0	--	2	2	2	2
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<input type="checkbox"/> Duplicate Payment																
<input type="checkbox"/> No Fee Due (Explanation):																
11 REFUND REQUESTED BY:																
TYPED/PRINTED NAME: <u>Douglas I. Wood</u>						TITLE: <u>Senior Petitions Attorney</u>										
SIGNATURE: <u>/douglas wood/</u>						PHONE: <u>571-272-3231</u>										
OFFICE: <u>Office of Petitions</u>																
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APPROVED: <u></u>						DATE: <u>10/11/06</u>										

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re patent of:

Yo TSURUMI et al.



ATTN: CERTIFICATE OF
CORRECTIONS BRANCH

Patent No. 7,070,533

Issued: July 4, 2006

Attorney Docket No. 59558.00025

For: INTERNAL TEETH OSCILLATION TYPE INNER GEARING PLANETARY
GEAR SYSTEM

**PETITION TO ACCEPT REQUEST FOR
CERTIFICATE OF CORRECTION UNDER 37 CFR 1.183**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

July 20, 2006

07/21/2006 SDENBOB1 00000042 502222 7070533
02 FC:1462 270.00 DA 130.00 OP

Sir:

Petition is herewith made, under 37 C.F.R. 1.183, to waive the requirements of 37 C.F.R. 3.81 and to accept the filing of the attached Request for Certificate of Correction under 37 CFR 1.323 and issue a certificate of correction for the above identified patent.

The Certificate of Correction is necessary to correct the assignee's name to be **SUMITOMO HEAVY INDUSTRIES, LTD.**. At the time of paying the Issue Fee, the assignee was incorrectly identified as being "SUMITO HEAVY INDUSTRIES, LTD." through error without deceptive intent. This correction is supported by the Assignment. It is requested that the requirements of 37 C.F.R. 3.81 be waived, the filing of the attached Request for Certificate of Correction under 37 CFR 1.323 be accepted and that a certificate of correction for the above identified patent be issued to correct this error.

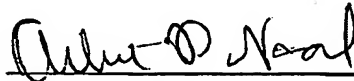
Adjustment date: 10/11/2006 CKHLOK
07/21/2006 SDENBOB1 00000042 502222 7070533
02 FC:1462 270.00 CR -130.00 OP

10/11/2006 CKHLOK 00000004 7070533

01 FC:1464 130.00 OP

A check in the amount of Two Hundred and Thirty Dollars (\$230.00), One Hundred Thirty dollars (\$130.00), of which, is for the necessary fee under 37 C.F.R. 1.17(h)(1) to cover the cost of this petition, and is attached herewith. Any additional fees which may be due with respect to this paper may be charged to Counsel's Deposit Account No. 50-2222.

Respectfully submitted,



Arlene P. Neal
Registration No. 43,828

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Fax: 703-720-7802

APN:kmp

Enclosures: Request for Certificate of Correction
Form PTO-1050
Check No. 14751